

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2003

Application or Docket Number

106930411

**CLAIMS AS FILED - PART I**

|   | (Column 1)    | (Column 2)   |
|---|---------------|--------------|
| TOTAL CLAIMS  | 39            |              |
| FOR   | NUMBER FILED  | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 39 minus 20 = | 19           |
| INDEPENDENT CLAIMS  | 3 minus 3 =   |              |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |               |              |

SMALL ENTITY  
TYPE ☐

OR OTHER THAN  
SMALL ENTITY

| RATE      | FEE    |    | RATE      | FEE    |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 385.00 | OR | BASIC FEE | 770.00 |
| XS 9=     |        | OR | XS18=     | 342    |
| X43=      |        | OR | X86=      |        |
| +145=     |        | OR | +290=     |        |
| TOTAL     |        | OR | TOTAL     | 1112   |

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

3.7.05

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT A   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | * 54                             | Minus ** 39                        | = 15          |
| Independent   | * 6                              | Minus *** 3                        | = 3           |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

SMALL ENTITY

OR OTHER THAN  
SMALL ENTITY

| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| XS 9=            |                | OR | XS18=            | 750            |
| X43=             |                | OR | X86=             | 600            |
| +145=            |                | OR | +290=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE | 1350           |

18, 32, 40, 56, 71

55

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT B   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | *                                | Minus **                           | =             |
| Independent   | *                                | Minus ***                          | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| XS 9=            |                | OR | XS18=            |                |
| X43=             |                | OR | X86=             |                |
| +145=            |                | OR | +290=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT C   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | *                                | Minus **                           | =             |
| Independent   | *                                | Minus ***                          | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| XS 9=            |                | OR | XS18=            |                |
| X43=             |                | OR | X86=             |                |
| +145=            |                | OR | +290=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

BEST AVAILABLE COPY

## PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

|                                 |                         |   |
|---------------------------------|-------------------------|---|
| Inventor(s): EVAN W. CALL       | Examiner: SINGH, Sunil  | RECEIVED<br>CENTRAL FAX CENTER<br>MAR 07 2005 |
| Appl. No.: 10/693,041           | Group Art Unit: 3636    |   |
| Filing Date: October 24, 2003   | Docket No. 55508-296781 |   |
| Title: CUSHION FOR A WHEELCHAIR |                         |   |

Mail Stop Amendment  
Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

I CERTIFY THAT THIS CORRESPONDENCE IS BEING FACSIMILE  
TRANSMITTED TO THE U.S. PATENT AND TRADEMARK OFFICE (FAX  
NO. (703) 872-9300) ON MARCH 7, 2005.

Gretchen Pesek

## AMENDMENT

The following amendment is submitted in response to the Office Action of November 5, 2004.

Pursuant to 37 C.F.R. § 1.136, the Applicant respectfully requests a 1-month extension of time to respond to the Office Action. If the requested period is incorrect, then the Applicant respectfully requests an extension for the necessary period of time under 37 C.F.R. § 1.136.

A credit card payment in the amount of \$1270.00 is included with this paper to cover the \$120.00 fee for the request for the 1-month extension of time and the \$1150.00 fee for the new claims. Should an additional fee be required for entry of this paper, the Commissioner is authorized to charge the Faegre & Benson Deposit Account No. 06-0029 and is requested to notify us of the same.

The following sections are included with this Amendment:

- Amendment: to the Specification (Pages 2-3)
- Amendment: to the Claims (Pages 4-12)
- Remarks (Pages 13-16)
- Conclusion (Page 17)

83/88/2005 EXCL11 88888882 18693841

83/88/2005 EXCL11 88888882 18693841

81 FC:1251

129.88 OP

PAGE 3/19 \* RCVD AT 3/7/2005 7:18:34 PM (Eastern Standard Time) \* SVR:USPTO-EFAXP-1/2 \* ORIG:8729306 \* CSID:012/681623 \* DURATION (mm-ss):09-54

02 FC:1282

1158.88 OP

04/12/2005 DJONES1 00000004 060029 10693041

01 FC:1201 600.00 OP

02 FC:1202 200.00 DA 550.00 OP

Adjustment date: 04/12/2005 DJONES1  
03/08/2005 EXCL11 00000002 10693041  
02 FC:1202 -1150.00 OP